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CLINICS.

Clinical Lecture on the Reduction of Dislocations of the Shoulder. By HENRY HANCOCK, M.D.

Gentlemen, I propose to arrange reductions of the shoulder under three heads, the first embracing those measures by which the bone is reduced solely by the manipulations of the surgeon; the second, the several modes of extension and counter-extension by assistants; and the third, the various instruments which have from time to time been invented and employed. We will, in the first place, consider the various ways of reducing these accidents by the unaided efforts of the surgeon.

The late John Hunter justly observed, that muscles may be taken by surprise, and their force in that way eluded rather than overcome; he asserts, that before a muscle can put forth its full power, it must be in a state of preparation for action, in this way accounting for what is so often observed,—that joints, which in the ordinary business of life sustain most violent stress and shocks, are dislocated by very slight force if applied unexpectedly. The same thing holds good in reduction; let your patient see what you

are doing, allow him to understand when you are about to make the trial, and his muscles will resist your efforts however he may imagine he is resigning himself passively into your hands. But keep his mind diverted, and suddenly make the endeavour, you will frequently succeed without any trouble.

In accordance with this principle, Sir P. Crampton recommends that before assistants are called in, or any apparatus applied, the surgeon, while he appears merely to be occupied in ascertaining the nature of the injury, should apply gentle extension at the wrist, and slowly raising the arm to nearly a horizontal position, suddenly pull it upwards and a little forwards, towards the patient's face, while, at the same time, he as suddenly pushes the body backwards, by pressing with the left hand below the axilla. In describing this method, Sir Philip remarks, "Success, however, will greatly depend upon the unexpectedness of the attempt; the surgeon should, therefore, endeavour to divert the patient's attention from the proceedings, and I know of no means so effectual for this purpose as inducing him to describe circumstantially everything connected with the occurrence of the accident.

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This is a theme on which patients, who are at all able to express themselves, are sure to expatiate with the greatest satisfaction. Once engaged on so engrossing a topic, it will require but a small degree of tact on the part of the surgeon to seize the favourable moment when he can apply his force to the greatest advantage."

Mr. James Cooke, of Warwick, who wrote in the year 1685, says, that Mr. Hales used to reduce dislocations downwards by placing the patient's hand on his neck, and holding it there; he then carried the elbow to the ribs, and forced the bone upwards by carrying the arm by a semi-circular motion backwards.

Boyer and Wiseman say they succeeded in reducing a dislocation manually, without exercising either extension or counter-extension; but they do not tell us how they proceeded.

Mr. Syme, of Edinburgh, relates a case reduced by suddenly abducting the arm, rotating it outwards, and thrusting the bone upwards.

M. Columbo, in the "*Revue Medicale*" for 1839, vol. 2, describes the following plan:—He flexes the limb as much as possible, and afterwards sweeps it round on its long axis.

Another method consists in raising the arm perpendicularly as high as possible with one hand, and then pressing in the head of the bone with the other. This plan usually goes by the name of "White's Method," in this country, and there is, perhaps, no other which has met with such universal support, or of which so many authors have claimed to be considered, either as the inventors or resuscitators. Upon the continent it is known by the title of "Mothe's Method;" and in France it has been more recently claimed as a new and important invention by M. Malgaigne, who, we find, from the *Lancet*, 1832, introduced the practice to the notice of Dupuytren.

M. Malgaigne, in his address to his class, states, that the anatomy and pathology of this kind of dislocation had led him to adopt it before he was acquainted with the method of Mothe; but we shall presently find that neither of these gentlemen can, with any reason, lay claim to the originality of their discoveries. Mr. White published his plan in 1748, it was noticed by Henry Thomson in 1761, and again by Portal, in his "*Chirurgie*," in 1768. M. Mothe claimed it as

his invention in 1775. It was subsequently resuscitated by T. Bell, in 1809; Delpech in 1816; Malgaigne in 1832; and Goss in 1833; so that however MM. Mothe and Malgaigne may be entitled to the credit of reviving the method, and directing the attention of the profession in their own country to it, they are clearly not entitled to be considered as the originators of a new plan, however valuable it may be. But although it may not be generally known, if you take the trouble to investigate the matter for yourselves, you will ascertain that White had as little claim to originality as either M. Mothe or M. Malgaigne, for, in fact, the proceeding is described by Hippocrates as one of those in vogue in his days. He recommends that the arm be raised vertically as high as possible with one hand, then to press in the head of the bone with the other. White sometimes used pulleys to extend the arm in this direction, as we shall subsequently find, but he as frequently did not. Nevertheless, the plan appears to have been overlooked or neglected by the various writers before his time, and although we may not be disposed to consider him in the light of an inventor, we ought fairly to give him the credit of being the first writer, subsequent to the time of Hippocrates, who noticed the method in a systematic and proper manner. This plan, which has been strongly recommended by Hey, Filugelli, Goss, &c., has been modified by various surgeons. In the *Medical Gazette* we read a paragraph headed "Langenbeck's Surgical Practice in Göttingen;"—"An old woman being placed on a low chair, a stout student mounted a table, and pulled her arm horizontally, and then upwards. Immense force was exercised unsuccessfully, and I began to fear for the patient's arm. The stout student walked off the table, and M. Langenbeck on, and he quickly reduced the shoulder."

M. Malgaigne relates two cases of reduction, one after twenty-three, the other after twenty-one days:—"An assistant stood upon a table, close to the seat of the patient; he then placed his foot upon the shoulder to make counter-extension, whilst he pulled up the arm with both his hands nearly to a vertical direction; the reduction took place immediately, almost without effort, and with but little pain."

M. Armann makes his patient lie down on his back upon the ground, and sitting on the ground behind him, places his foot upon

his shoulder, and seizing the patient's wrist draws up the arm in a vertical direction.

M. Benoit placed his patient in bed, with his body supported; he then took hold of his wrist with one hand and made extension so as to raise it gradually, and bring it near his head; having so done, he brought it down and reduction immediately took place.

M. Latta laid his patient on the floor, whilst two or three stout men, mounting on a table, took hold of his arm and raised him up by it from the ground.

M. Velpeau employs vertical extension in different ways. When he first adopted it in 1834, he made the patient, a female, lie down on her back, very near the side of the bed; he trusted the limb to an assistant, who applied his foot to the edge of the shoulder to make counter-extension, whilst with both hands on her wrist, he made extension, M. Velpeau favouring the return of the head of the bone into the glenoid cavity. In another case the patient was seated on a chair near a table, upon which an assistant mounted and proceeded as in M. Langenbeck's case.

In some instances, observes M. Velpeau, it is quite sufficient to mount a stool and draw or elevate the arm, whilst another assistant fixes the shoulder with his knee, the hand, or a napkin. The surgeon pushes the head of the bone upwards with his hands, the inferior angle of the scapula being fixed against the thorax.

The success of this plan has commonly been attributed to the relaxation of the capsular muscles, especially the supra-spinatus and deltoid, but it is equally due to another circumstance. When the humerus is raised in this manner it presses against the acromion process, which now acting as a fulcrum, dislodges the head of the bone from under the neck of the scapula; thus not only are the muscles relaxed, but the head of the bone is freed from the chief obstacle to reduction, for the higher the arm is raised the more is the head of the bone thrown out from its abnormal situation, and placed in a favourable position for reduction. This method is not the less valuable that it is so simple and so readily put in practice; it requires no preparation either on your part or the patient's.

Mr. Goss, of Dawlish, who frequently had recourse to this method, says, that out of between forty and fifty cases, only one required more than one assistant. It is par-

ticularly adapted to dislocations downwards or forwards, but not so much so to dislocations backwards; in the two former instances we can scarcely wish for a more favourable position than that in which the head of the bone is placed when the arm is raised vertically by the side of the head, and for the reasons to which I have already adverted.

You will find this a very efficacious mode of reduction; I frequently employ it and have commonly found it successful. Where it has not appeared to answer simply by itself, I have combined it either with my fist or knee in the axilla, and have rarely failed. I do not mean to say that it is infallible, but I consider it a very useful and efficient proceeding in recent cases, and not the less so, that it is attended with but little pain.

Fist in the Axilla.—Not unfrequently luxations of the humerus are reduced with the greatest ease immediately after the accident, by the surgeon seizing the arm and raising it at right angles with the body, while at the same time he introduces his left hand, clenched, into the axilla, placing it as high as possible. Diverting the patient's attention he suddenly pulls down the arm, at the same moment making as much extension as possible, until he brings the patient's elbow to his side.

This plan, recommended by Hippocrates, Duverney, and most subsequent writers, combines a two-fold action; the extension downwards separates the humerus from the neck of the scapula, whilst the fulcrum afforded by the fist in the axilla, forces the head of the bone outwards and places it within the sphere of the capsular muscles which draw it up into the cavity. The heel, knee, pads, and balls in the axilla, act upon the same principle as the first.

Petit says, "Place your hand in the axilla, and your elbow on your patient's thigh or chair, and then with your other hand depress the elbow."

Desault placed his left hand in the patient's axilla, and with his right, applied to the lower and external part of the arm, he raised the humerus to the trunk and pushed it upwards, by which double movement the head of the bone was replaced without the slightest difficulty.

Dr. David Bell relates the case of a man, aged 33, who drank largely, fell upon the pavement, and dislocated his arm. Having placed the patient on a chair, and seizing

him by his wrist, he introduced his hand into the axilla, and pushing out the head of the bone, reduced it immediately.

In the *Dublin Medical Press* is the following method, published by Mr. Canes, of Kilkenny:—"The surgeon places his left hand in the patient's axilla, and his right on the elbow of the dislocated arm, the wrist of which he fixes under his own right arm, by pressing his elbow to his side. He then steadily inclines his body backwards." Mr. Canes, who relates four cases, treated after this plan, in one of which the luxation had existed twenty-four hours, says, that he has succeeded after two minutes' extension.

I do not think, employed as here related, that this mode is so perfect as it might be. The fist in the axilla answers very well as a fulcrum, but you do not place the humerus in the most advantageous position when you merely raise the arm at right angles with the body. The head of the humerus is not then separated from the neck of the scapula, and consequently, when you depress the patient's arm over your fist, the latter presses and fixes the head of the humerus more firmly in its accidental situation; whereas if you, in the first instance, place the arm in the vertical position, and then fixing your fist well up in the axilla, bring the patient's elbow suddenly and firmly to his side, you, by these means, press the head of the bone outwards, and will frequently succeed without much difficulty.

(To be continued.)

MEDICAL EDUCATION AND INSTITUTIONS.

The Medical Profession—Quackery.—

The monster evil, of a social kind, which affects the medical profession, is the general poverty of its members; no further proof of this need be adduced than the immense number of qualified assistants, who are everywhere ready to take service at less salary than that obtained by ordinary clerks, or even the superior classes of servants. The numbers of the profession, relative to the general population, is frequently complained of, and none can deny that the legally constituted bodies have most reprehensively suffered pretenders to medical knowledge to spring up on all sides of the regularly educated practitioners of every grade, many of them armed with degrees which may be had for mere purchase, and which are in nowise a test of medical pro-

ficiency. But setting aside, in a great measure, this source of mischief, we believe that the legitimate funds which should of right be contributed by the nation to the medical faculty would be amply sufficient to provide for every respectable individual in this country, having any title, legal or otherwise, to call himself physician, surgeon, or apothecary.

The profession is robbed, not by thousands, or by tens of thousands, but by hundreds of thousands sterling, annually. This may seem startling at the first blush, but let us consider the modes in which the funds, which should enrich the profession, flow into illegitimate channels; consider how the public, the other professions, and the government, trench upon its rights, and it will no longer be matter of doubt. Take the sums paid annually to knavish pretenders, who are impudently engaged in practice without the slightest show of right; add to this the sums taken by prescribing druggists; add again the yearly sums paid by the public for patent medicines; to these add the immense sums by which the profession is underpaid by the government for services rendered to the state, or by public bodies, as in the case of the New Poor-Law Commission;—take these, and numerous other items, into consideration, and it will be seen that we have not dealt in figures of speech, but in plain figures of arithmetic.

The obvious mode of relieving the profession of that poverty which these and other causes have rendered so prevalent, is to raise the qualification for practice by raising the standard of medical education, and rendering it penal for unqualified persons to engage in practice. Then, this good effected, the boundaries of the profession must be enlarged, by a close examination of all those points in which the evident functions of the medical faculty are performed by other persons; and this scrutiny must be followed by a determination to assert the rights of the profession. To show our meaning, we need only refer to a few points which, together with others, we shall have hereafter to consider seriatim. There is the quarantine system; the office of coroner; and the entire range of medical statistics: the regulation of lunatics and lunatic asylums; sanitary commissions of various kinds:—all these departments of the public service ought, if the public welfare were alone considered, to belong to the domain of the

medical faculty. These things belong to us of right and justice, and can and may be had for the asking. The profession is like a big boy at school who has been set upon by his fellows, but who has only to put out his strength to take at once his proper position.

The monster cause of poverty and degradation is quackery; and this we confidently believe could not exist in its present rampant state, but for the countenance afforded to it by members of the profession. Often, indeed, this is done, without improper motive,—unsuspectingly, in fact, though the bane is not the less. Low views have crept in, and the very highest members of the profession often give direct and indirect aid to empiricism, without dreaming of what they do. They will recoil from the consequences of their own act when placed nakedly before them. It will be a grand object to separate legitimate medicine distinctly from quackery. When this can be done, quackery by itself is such a monstrous bubble that it must shrivel of itself to nothing. But until this is accomplished, legislation will be in vain, and quackery will continue respectable. We shall begin the task by putting our finger upon every glaring or covert professional support of empiricism open to observation, not, meanwhile, sparing the unprincipled public quacks themselves. If this separation were effected, and quackery stood bare to public scorn, the profession might then ask for the abolition of patent medicines; till this is the case, the proposal will only be met by ridicule.

Time will show whether the great objects we have proposed are attainable in the present day; whether the professional boundary may be so enlarged as to include a vast amount of emolument and honour now absorbed by extra-professional persons, and whether the immense funds which are at present diverted into improper channels may not be regained for the profession.

Professional opinion, and the action born of strong opinion, are the powerful levers which must be moved to effect these things. It may be a difficult task, but in our labours we shall be animated with a bold hope for the issue.—*Lancet*, Jan. 10, 1846.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Louisiana Medico-Chirurgical Society.—This society offers a gold medal of the value

of one hundred dollars for the best essay on *strictures of the urethra, with their treatment*. The communications must be accompanied with a letter and corresponding mottoes to the President of the Louisiana Medico-Chirurgical Society, New Orleans, La. They must be delivered before the 1st of Feb., 1847. The prize will be awarded at the annual meeting of the society on the first Wednesday of April, 1847.

Alabama Medical Society.—This society offers a silver cup as a prize for the best *Medical History of the State of Alabama*. The essay must be deposited with the secretary, Dr. A. G. Mabry, of Selma, Dallas Co., Ala., before the first Monday in Dec. next.

FOREIGN INTELLIGENCE.

New method of applying Cups.—M. HEULARD D'ARCY employs the following method of applying cups, which is said to possess advantages over the ordinary plan. He pours two or three drops of ether into the cupping-glass, approaches it to the part, sets the ether on fire with a piece of lighted paper and instantly applies it. A more perfect vacuum is obtained, and less time required than when alcohol and paper or cotton are used.—*Journ. de Méd. et de Chir. Prat.*, October, 1845.

New method of preserving organic matters.—At a late soirée, held by the Marquis of Northampton, Dr. Silvestri, physician to the Royal Hospital at Naples, and chief physician of his majesty's guard of honour, exhibited several preparations made according to a method discovered by him. By this process organic matters are perfectly preserved, being converted into a substance possessing the hardness of stone, and admitting of being polished. Among the preparations shown, were a portion of human liver, a section of a kidney, a section of a testis, and some hands and heads. In these specimens the texture was perfectly apparent when examined with a magnifying-glass, but the substances themselves had acquired the hardness and resonance of stone. The head of a ram possessed the stony hardness peculiar to these preparations, while the ears and hairs retained their natural softness and pliability. Birds, submitted to this process, retain their feathers uninjured either in colour or pliancy; fishes are coated by a

kind of transparent varnish; and the cornea retains the transparency of life. Dr. Silvestri has also succeeded in preserving flowers in the same manner, the petals retaining their natural hues, and the stem and leaves their pliancy and verdure. He gives the following statement of the applications of his discovery:—

“An entire corpse, without being injured in the slightest degree, can be brought to a consistency approaching to petrification, and preserved for an indefinite period in full perfection of form, with the hair, nails, &c. Like a statue, it can also be placed in any given position, as illustrative of individual character or station.

“Animals of every species, from the elephant to the insect, are susceptible of being reduced to the same state of consistency and preservation. The plumage, fur, wool, and all other adjuncts of nature, remain entire, retaining the same colour, firmness, and flexibility that they had at the moment of death.

“The same result can be produced in the single parts, organs, &c., of any organic animal body, without undergoing any alteration whatever, even though injected previously to the operation.

“All the objects in question may be petrified in such various degrees of intensity as may be judged necessary for the purposes of dissection, observation, examination, &c., with perfect freedom from stench, and all else of an objectionable nature, either when handled, or preserved as objects of curiosity.

“Flowers and plants can be preserved unchangeable, with their colours, form, leaves, and stems, as if just gathered.”—*Lancet*, May 9, 1846.

Academy of Sciences.—At the annual distribution of prizes, May 11th, 1846, the first prize in medicine and surgery was awarded to M. AMUSSAT for his researches on the wounds of the vascular system. M. Milne Edwards, the reporter of the commission, in proposing M. Amussat for the first prize, observed that, although many surgeons, both ancient and modern, had already turned their attention to the study of the difficult question of vascular lesions, M. Amussat found something more to glean in the field of observation, and had arrived at conclusions interesting, not only to physiology, but to operative surgery. His experiments have been chiefly performed upon sheep and oxen slaughtered

according to the regulations of the Jewish religion, which permitted him to study with accuracy the local phenomena consequent upon complete section of arteries in a broad transversal wound. He has shown that hemorrhage is spontaneously arrested, not by contraction of the artery, but by the formation of a clot, forming at first, not a plug, as it has been asserted, but a ring, which becomes, by the deposition of fibrine, gradually narrower, until the orifice is entirely closed. A second clot, independent of the first, forms within the vessel, and the hemorrhage is stopped. M. Amussat has given the signs by which the orifices of vessels, obliterated in a temporary manner by such clots, are to be recognized on the surface of a wound, in order that a ligature being placed on them, secondary hemorrhage may be prevented. M. Amussat also gives most interesting details on the formation of hematic tumours under the skin, on the cicatrization of veins and arteries, and on the production of traumatic aneurism.—*Med. Times*, May 23, 1846.

Asiatic Cholera.—The Asiatic cholera has spread through several provinces of Persia, and has given rise to great mortality in some of the principal towns. It is reported to have extended from Bokhara across the Persian frontier to Herat and Meshid, thence south of the Caspian to Teheran, and still further south to Ispahan. Recent accounts from Odessa, state that it has crossed the Russian boundary, and has appeared at Tiflis, taking a course northward between the Caspian and Black seas: while according to the latest intelligence from Riga, it has broken out at Orenburg in the Uralian mining district, crossed the Volga, and appeared on the European side at Kasan, about 1200 miles from St. Petersburg. If these accounts are to be trusted, the disease has taken a somewhat irregular course, in a direction west by north; and it does not appear to have followed the banks of great rivers as in the former irruption of 1828–30. The disease which reached England in 1831, prevailed in Persia for seven years from 1823 to 1830. It appeared at Orenburg for the first time in 1823; and was confined to this quarter for a period of five years. It reappeared at Orenburg in 1829, and its prevalence and fatality in this province were so great, that upwards of one-tenth part of the inhabitants were seized with it, and one-fourth of those who

were attacked, died. It reached St. Petersburg in July, 1831, and England on the 26th October of that year. At Tiflis, where it is again reported to have broken out, the mortality from the former epidemic was so great, that three-fourths of those who were attacked, perished.—*Lond. Med. Gaz.*, May, 1846.

Swallowing Pins.—A maid servant, while engaged in hanging up some curtains, accidentally swallowed a pin. Dr. Neumann, who was immediately sent for, found her pale from fright, and in a state of general tremor. She did not complain of pain in any part, and as she swallowed solids and liquids without difficulty, Dr. N. persuaded her that she had been probably deceived by her sensations. Her cheerfulness soon returned, and she enjoyed her usual health.

About a year afterwards, Dr. Neumann was suddenly sent for to remove the pin. On his arrival, he ascertained that the female had for some days felt an itching pain in her left side, which she attributed to the presence of the pin. A small pustule was observed over the region of the descending colon, and in this was the pin with the point projecting outwards. It was easily removed by the forceps, and was found to be perfectly clean. It had thus been in the alimentary canal for a year without giving rise to any unfavourable symptom.—*Ibid.*, from *Casper's Wochenschrift*.

Well-water poisoned by Arsenic.—It cannot be too extensively known, that the water of wells in the neighbourhood of chemical works is often impregnated with poison. Persons who unsuspectingly use this water may be in consequence attacked with alarming symptoms, and even die from the effects. We find from the return of the Registrar of West Derby that a fatal accident of this kind has lately occurred in the rural part of this district: a whole family, with the exception of one member, has been entirely cut off, owing to their having drunk water impregnated with arsenic, which was drawn from a well contiguous to certain chemical works attached to the premises where the family resided.—*Ibid.*

New Instrument for Lithotomy.—Dr. ARTHAULT has invented a new instrument for crushing calculi in the bladder. An experiment was lately made on a subject at the Hospital Beaujon in the presence of several surgeons. A calculus of the size of a pigeon's egg was introduced into the bladder, and a

suture applied so as to close the cavity. The calculus was reduced to an impalpable powder in *three minutes*. Dr. Arthault's instrument thus not merely breaks or crushes, but completely pulverizes the calculus.—*Ibid.*, from *Gaz. Med. Chirurg.*

Anatomical Models.—GUILLAUME DESNOUES, a French physician, was the first who conceived the idea of representing in wax the form and colour of the various parts of the body. This was in the year 1701. His invention received the approval and encouragement of the Academy of Sciences. In modern times M. Felix Thibert has carried this art of imitation, by a new process, to very great perfection; and he has also succeeded in rapidly producing fac-similes of the preparations when once made. His plan has received the approval of the Parisian Academies; and the Institute decreed to him the Monthyon prize as a reward for his invention. In this way duplicates of rare pathological specimens are easily obtained, and may be kept conveniently arranged.—*Lond. Med. Gaz.*, from *Gaz. Médicale*.

Remarkable case of the development of Heat in the Dead Body.—Dr. DÜSTERBERG reports the following extraordinary case:—A man, aged 50, who for a considerable time had been the subject of a chronic affection of the spleen and of dropsy, died suddenly of apoplexy. After the body had remained above ground for three days, and was about to be buried, Dr. D. was requested to see it, for the evidence of a considerable degree of warmth had excited suspicions that death was only apparent. Although the corpse lay in a spacious room with the windows open, yet the stench it emitted was so intolerable that it could scarcely be approached. The face was swollen, of a bluish colour, and quite disfigured; the pupils were reduced to a pulp, the corneæ flaccid, and a faint-smelling brownish fluid oozed from the mouth. The limbs were relaxed, and the surface of the body covered with post-mortem spots, and with vesicles filled with a bluish fluid. The skin generally, however, was not only warm, but actually felt quite hot, its temperature amounting to 31° R. (102° Fahr.), whilst that of the room was only 17° R. (70° Fahr.) Moreover, the surface of the body was covered with moisture, which, when wiped off, shortly reappeared, just as would the fluid of respiration.

However remarkable this phenomenon may be in a physical point of view, yet the far advanced state of decomposition removed all doubt as to the reality of death.—*Lond. Med. Gaz.*, from *Casper's Wochenschrift*.

Use of the Bromide of Potassium in Secondary Syphilis.—The low price of the bromide compared with that of the iodide of potassium, has induced M. Ricord to substitute that salt for the iodide in the treatment of secondary syphilitic affections. The dose of the bromide is the same as that of the iodide of potassium. It has produced the same therapeutical effects, but more slowly. *Journal de Pharmacie*, April, 1846.

Plica Polonica of Vegetable Origin.—The Plica Polonica appears to belong to that class of diseases which are owing to the spontaneous growth of a vegetable substance. Professor Walther, of Kiew, submitted to a microscopical examination the substance which united the hairs, and he found it to consist of a number of minute rounded or oval corpuscles, having in the centre one or two nuclei, which appeared to be the germs of new corpuscles. These researches tend to corroborate those of Gunsbourg.—*Ibid*.

Austrian Rhubarb.—The *Gazette des Hôpitaux* reports that rhubarb is now extensively cultivated at Brunn, in the Austrian dominions, and that large quantities of the root are annually exported to other countries.—*Ibid*.

Absence of the Spleen.—The *Gazette Médicale* reports on the authority of a German journal, a case, in which Dr. Meinhard, of St. Petersburg, while engaged in inspecting the body of a female, could find no trace of a spleen or of splenic vessels.—*Ibid*.

Poisoning with Arsenic.—MM. MARESK and LADOS have ascertained that when a pregnant woman is poisoned with arsenic, the arsenic may be transmitted to the fœtus. In an official investigation of a case of this kind, they discovered traces of the poison in a fœtus at the fourth month. The uterus and the placenta also contained arsenic, but the placenta contained a proportionally larger quantity than the fœtus. The liquor amnii contained no arsenic, at least the quantity, if any, was inappreciable.—*Bull. de la Soc. Med. de Gand*.

New Moxa.—A great number of combustible substances have been employed for making moxas, but none of them unite so many advantages as camphor. M. Chas-saignac has used this substance for the purpose by holding a piece in a pair of common forceps, then placing it on the spot to be cauterized and setting it on fire.

French Hospitals in Algeria.—The mortality in the French hospitals of Algeria is on the increase. In the last quarter of 1845 there were more than a thousand deaths in the single province of Oran!

Treatment of Diabetes Mellitus by Balsam of Peru.—Dr. VAUDES reports in the *Journ. des Connaiss. Med. Chirurg.*, a case of diabetes mellitus cured in five weeks by balsam of Peru. The medicine was given in the dose fifty drops four times a day, and increased to five drachms daily.

Medical appointments at Paris.—MM. MARTIN-SOLON, LOUIS and GUERARD, have been appointed physicians at the Hotel-Dieu; MM. BOUVIER and LEGROUX at the Hôpital Beaujon, and M. BLACHE at the Hôpital des Enfants.

French Scientific Congress.—The thirteenth session of the scientific congress of France was opened at Rheims on the 8th of Sept. last. More than 600 members, French and foreign, were present. The meeting was held in the great historical gallery of the archiepiscopal palace. M. de Mérode, the Belgian minister of state, was elected one of the vice-presidents.

University of Edinburgh.—Mr. JOHN GOODSIR has been elected Prof. of Anatomy in this school.

M'Gill College—Faculty of Medicine.—At a commencement held May 25th, the degree of M. D. was conferred on 11 gentlemen.—*British Am. Journ.*

Obituary Record.—Died, at Paris, aged 79, M. LE BARON BARBIER, principal surgeon and professor at the Val de Grâce, member of the Academy of Medicine, and knight of the Legion of Honour.

—, at Vienna, BARON VON DURKHEIM, an eminent physician, and President of the Board of Health for the Austrian empire.

THE MEDICAL NEWS AND LIBRARY.

SUPPLEMENT TO NO. 43 FOR JULY, 1846.

American Journal of the Medical Sciences.—

The July No. of this journal is an unusually fine one, and is illustrated with a beautifully coloured plate and four wood-cuts. It contains an account of a very curious case of a negro whose colour changed to white and subsequently returned to the original shade; with a coloured representation of his appearance when undergoing this transformation. Also, very interesting papers on the treatment of Remittent Fever by Dr. Boling; a remarkable case of Injury to the Head by Dr. Forman; on the use of Sulphate of Quinine in Remittent and Intermittent Fevers by Dr. Mendenhall; case of double headed monster, with a wood-cut, by Dr. Pfeiffer, with remarks by Prof. Meigs; on Isopathia by Dr. Harlan; on Small-pox and Vaccination by Dr. Lane; case of Imperforate Hymen by Dr. Metcalf; on some points of the Anatomy of the human Larynx, with two wood-cuts, by Dr. Leidy; case of congenital Ptoxis, cured, by Dr. Hall; case of Placenta Prævia by Dr. Burwell; Report on the anæsthetic properties of Broochieri water, by the Medical Society of Virginia; new instrument for cateterizing the Prostate Gland, with a wood-cut, by Dr. Stewart; case of Lithotripsy by Dr. Ranby, &c.; an account of the proceedings of the National Convention which assembled in New York; and those of the Superintendents of American Insane Asylums which met at Washington; reviews, Bibliographical Notices and a very copious Summary of the improvements and discoveries made in the Medical Sciences at home and abroad during the last three months.

National Medical Convention.—The next meeting of this Convention will be held in Philadelphia on the first Wednesday in May 1847. The assemblage will undoubtedly be a large one, and there is reason to believe that nearly every Medical School and State in the Union will be represented. The last meeting in New York was very satisfactory in numbers, respectability, *esprit de corps*, and in the dignity and harmony which characterized its deliberations. It is to be hoped that the Schools and Societies will appoint their delegates at an early day.

Preservation of Leeches.—M. RODEN, a pharmacist at Lenzburg, states that leeches may be preserved by immersing them for ten minutes or quarter of an hour, in water containing from one to four drops of liquid chlorine in the forty-eight ounces.

Physician to the Shah.—Dr. LABAT, principal physician to the Shah of Persia, and surgeon-in-chief of his armies, who has recently arrived in Persia, attained his position in Persia by curing the Shah of gout, to which it appears he was much subject. He was appointed successively vizir, bey, and khan, and ranks immediately with the princes of the blood royal.

Hôpital des Cliniques.—The sum of 48,000 francs has been demanded from the government for the dean of the Parisian faculty of medicine, to construct a ward in the proposed Hôpital des Cliniques, to contain twelve beds, for the use of medical and law students. The conseil académique, and the conseil royal de l'université support the demand.

ELLIS'S MEDICAL FORMULARY.

Correction.—The Publishers of this Work respectfully request those persons who have the seventh edition, to correct a typographical error for the "*Medicated Hydrocyanate of Potassa*," at page 83; wherein the symbol for an ounce is used in place of that for a drachm. The following is the correct prescription, and corresponds with the proportions directed in all the previous editions of the work:

R. Potassæ hydrocyanatis medicati, ℥j; Aquæ destillatæ, Oj; Sacchari purificati, ℥iiss. Fiat solutio—Dose, a tablespoonful, night and morning.

Medical Publications in France.—There appeared in France during the year 1845, 2357 medical publications, independent of medical journals.—*Gaz. des Hôp.*

British Lunatic Asylum.—The Board of Ordnance having decided on appropriating the large and extensive building on the Denes, near Bury, originally built for a naval hospital at a cost of £120,000, for the reception of lunatic military officers, it is expected that about two hundred of these unfortunate gentlemen will be shortly removed there, upwards of £3,000 having been expended in making the establishment as complete and comfortable as possible. Some of the rooms are fitted up in an elegant manner, and several are padded all over for the more dangerous class of lunatics.

Professional Munificence.—The late Sir Simon Heward, Knt., of Carlisle, a Fellow of the Royal College of Surgeons of England, has bequeathed the sum of £1000 in aid of the funds of two hospitals, viz: £500 to the Cumberland Infirmary, and £500 to the hospital in the Abbey-yard, Westminster.

Clinical Teaching in Paris.—The prohibition of all clinical teaching at the Paris hospitals, except by the medical officer attached to these institutions, has produced a strong feeling of dissatisfaction.

Statistics of the Parisian Hospitals for 1845.—The number of patients under treatment in the hospitals of Paris, during the twelve months of 1845, varied from 11,261 the minimum (November) to 12,576 the maximum (March). In the Hospices, or Infirmeries, the number of patients varied from 11,417 (August) to 11,643 (December). The sick-patients, therefore, in these establishments, amounted in the year to about 25,000. The total number of admissions, in 1845, amounted to 88,814, and the number discharged was 79,402. The total number of deaths in these establishments amounted to 9,666; i. e., 6,875 in the hospitals, and 2,791 in the infirmaries. The greatest mortality in the hospitals occurred in the January quarter (1,958), and the least in the July quarter (1,516.)

Bichat.—At the request of the Parisian Medical Congress, Louis Philippe has ordered that a portrait of Bichat shall be placed in the Historical Gallery of Versailles; and he has conferred a pension on the aged brother of the celebrated anatomist and surgeon.

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UNIVERSITY OF PENNSYLVANIA—MEDICAL DEPARTMENT

SESSION OF 1846—47.

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Practice and Theory of Medicine,	by NATHANIEL CHAPMAN, M.D.
Chemistry,	- - - - - ROBERT HARE, M.D.
Surgery,	- - - - - WILLIAM GIBSON, M.D.
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Materia Medica and Pharmacy,	- - - - - GEORGE B. WOOD, M.D.
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Clinical Instruction at the Pennsylvania Hospital.

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W. E. HORNER, M.D.,
Dean of the Medical Faculty.

263 Chestnut Street, Philadelphia,
June 1st, 1846.

FRANKLIN MEDICAL COLLEGE OF PHILADELPHIA.

The Annual Course of Lectures in this Institution will be opened on Monday, 12th October (the second Monday in October), and will be continued till the end of the ensuing February.

PROFESSORS.

PAUL BECK GODDARD, M.D., Anatomy and Histology.
C. C. VAN WYCK, M.D., Principles and Practice of Surgery.
MEREDITH CLYMER, M.D., Principles and Practice of Medicine.
JOHN BARCLAY BIDDLE, M.D., Materia Medica and Therapeutics.
DAVID HUNTER TUCKER, M.D., Obstetrics and Diseases of Women and Children.
LEVIN S. JOYNES, M.D., Physiology and Legal Medicine.
JAMES B. ROGERS, M.D., General and Organic Chemistry.
Demonstrator of Anatomy—JOSEPH LEIDY, M.D.

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Fee for each of the seven Courses of Lectures, \$15. Matriculation fee, to be paid only once, \$5. Diploma fee, \$10. Additional information respecting the course of instruction can be obtained upon application to

J. B. BIDDLE, M.D., Dean of the Faculty,
N. E. corner of Spruce and Quince streets, Philadelphia.

PENNSYLVANIA COLLEGE—MEDICAL DEPARTMENT.

SESSION OF 1846—7.

The Faculty is composed as follows—

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JOHN WILTBANK, M.D., Professor of Obstetrics and Diseases of Women and Children.
HENRY S. PATTERSON, M.D., Professor of Materia Medica and Pharmacy.
WILLIAM R. GRANT, M.D., Professor of Anatomy and Physiology.
DAVID GILBERT, M.D., Professor of the Principles and Practice of Surgery.
WASHINGTON L. ATLEE, M.D., Professor of Medical Chemistry.

The Lectures will commence on Monday, Nov. 2d, and be continued until the ensuing first of March. The commencement for conferring degrees will be held as early after the close of the session as practicable. Regular public examinations on all the branches are held by the respective Professors.

The Faculty, not deeming it advisable to establish a College Clinic, will furnish a ticket to the Clinical Lectures at the Pennsylvania Hospital, Pine st., to each pupil in attendance upon a second Course of Lectures.

The Anatomical Rooms will be opened on the 1st of Oct., under the personal superintendence of Prof. GRANT.

Three years study in the office of a respectable practitioner and an attendance upon two full Courses of Lectures, one of which must be in this institution, together with an attendance upon one course of clinical instruction in some approved Hospital, are the requisites which entitle the pupil to become a candidate for graduation.

WM. DARRACH, President of the Faculty.
H. S. PATTERSON, Registrar.

JEFFERSON MEDICAL COLLEGE.

SESSION OF 1846—7.

The regular Course of Lectures will commence on Monday the 2d day of November, and on the last day of February.

ROBERT DUNGLISON, M. D., Professor of Institutes of Medicine.

ROBERT M. HUSTON, M. D., Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M. D., Professor of General, Descriptive and Surgical Anatomy.

JOHN K. MITCHELL, M. D., Professor of Practice of Medicine.

THOMAS D. MUTTER, M. D., Professor of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M. D., Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M. D., Professor of Chemistry.

Every Wednesday and Saturday during the course, Medical and Surgical cases are investigated and pre-

sented for before the class. During the past year not fewer than 1,000 cases were treated, and upwards of 172

were operated on. The Clinical Lectures are so arranged as to permit the student, should he desire it, to attend

Medical and Surgical practice and lectures at the Pennsylvania Hospital.

After the 1st of October, the dissecting rooms of the College will be open under the direction of the

Professor of Anatomy and the Demonstrator.

owing to the large size of the class, which numbered 409 during the last session, it became expedient to

make extensive and important alterations in the college edifice. These will be completed by the 1st of Sep-

tember.

R. M. HUSTON, M. D., Dean of the Faculty.

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